

Dispensing Oral Antivirals in Hospital Emergency Departments (EDs)

Last Updated: 1.26.2022

Purpose:

The Virginia Department of Health (VDH) has allocated the limited supply of PAXLOVID and molnupiravir to community pharmacies and hospital outpatient pharmacies. VDH recognizes the need to continue to expand access, meet patient needs, as well as workforce shortages and delays in dispensing prescriptions at pharmacies. An option to ensure the drug is initiated promptly once a confirmed diagnosis of COVID-19 has been made is dispensing from an emergency department (ED) or inpatient pharmacy upon patient discharge from ED. This document is meant to be a resource, despite the current supply issues, to offer options for hospitals with or without onsite outpatient pharmacies to utilize a model where these highly scarce oral antivirals used for treatment of COVID-19 may be dispensed to a patient with confirmed COVID-19 upon discharge from a hospital ED.

Note: VDH will not list hospital ED or inpatient pharmacy sites on the public [Therapeutics Locator tool](#).

Supply to Support Dispensing to confirmed COVID-19 positive patient after being seen in ED:

The U.S. Department of Health and Human Services (HHS) provides allocations of oral antivirals on a two-week cadence. A *projected* allocation calendar was provided to state and territorial health officials for January 2022, which did not project an increase in oral antiviral supplies. Projections beyond January have not been provided.

Based on supply, hospitals that receive antiviral allocations may choose one of the following options:

1. **Move All PAXLOVID or Molnupiravir to ED/inpatient pharmacy:** Hospital shall notify VDH if they plan to move all of their current allocation to the ED (or inpatient pharmacy for purposes of dispensing within the ED) and thus will not have supply available at the outpatient hospital pharmacy for the general public;
2. **Divide Allocation of PAXLOVID or Molnupiravir between ED/inpatient pharmacy and Outpatient Pharmacy:** Hospital shall notify VDH if they plan to divide their allocations between the ED (or inpatient pharmacy for purposes of dispensing within the ED) and outpatient hospital pharmacy for the general public;
3. **ED/inpatient pharmacy Requests Allocation of Molnupiravir:** Request to receive additional allocation of molnupiravir by through [VaxMaX](#) (PAXLOVID allocation will be made available upon subsequent allocations).

Compliance with HHS Mandatory Reporting Guidance:

It is imperative that sites administering/dispensing PAXLOVID and molnupiravir provide information on product utilization and stock on hand by 11:59 pm **daily** to the Health Partner Order Portal (HPoP). Hospitals will have to create a mechanism to report total inventory based on the provider status. The ED may enroll as an antiviral provider to report inventory separately, otherwise, combined inventory from the outpatient pharmacy and ED would be reported as a single facility total in HPoP.

Dispensing Oral Antivirals in EDs:

Compliance with Board of Pharmacy Regulation **18VAC110-20-470. Emergency room**, which authorizes a medical practitioner to dispense drugs to his patients if in a bona fide medical emergency or when pharmaceutical services are not readily available and if permitted to do so by the hospital.

* If the medication is being dispensed by the inpatient pharmacy, the prescription must contain all elements of an outpatient prescription label per [§ 54.1-3410](#).

18VAC110-20-470. Emergency room.

All drugs in the emergency department shall be under the control and supervision of the PIC and shall be subject to the following additional requirements:

1. All **drugs kept in the emergency room shall be in a secure place from which unauthorized personnel and the general public** are excluded.
2. **Oral orders for medications shall be reduced to writing** and shall be signed by the prescriber.
3. A medical practitioner may dispense drugs to his patients if in a bona fide medical emergency or when pharmaceutical services are not readily available and if permitted to do so by the hospital; the drug container and the labeling shall comply with the requirements of this chapter and the Drug Control Act.
4. A record shall be maintained of all drugs administered in the emergency room.
5. A **separate record** shall be maintained on all drugs, including drug samples, dispensed in the emergency room. The records shall be maintained for a period of two years showing:
 - a. **Date and time dispensed;**
 - b. **Patient's name;**
 - c. **Prescriber's name; and**
 - d. **Name of drug dispensed, strength, dosage form, quantity dispensed, and dose. ***

** Note: Emergency use checklists are available for providers and contain notes on dispensing or dose adjustments. See the following links for each product's checklist:*

- *Virginia Paxlovid Emergency Use Checklist - <link> - Paxlovid requires dose adjustment for decreased renal function*
- *Virginia Molnupiravir Emergency Use Checklist - <link>*

Hospital Processing Considerations:

Benefits:

- Improves load balancing between sites and product
- Allows increased coordination within the Health System
- Meets narrow window required for dispensing
- Increased patient convenience since entire course of therapy is provided onsite
- Opportunity for centralized inventory management and reporting

Process Considerations:

- ED must allow time for confirmation of positive tests and potentially any sequencing that may be performed
- Develop Take Home Pack for patients; potential to give first dose in the ED
- Develop dispensing approach for after hours; if pharmacist is not available 24/7
- Develop approach for patients who do not meet EUA criteria or have contraindications for treatment
- Use record keeping systems to support daily inventory management
- Screen for drug-drug interactions (resource available: <https://www.covid19-druginteractions.org/>.)
- Renal dosing dispensing for Paxlovid in those with moderate renal impairment
- Prepare ED staff with information on products and EUA use
- If patient has a primary care practitioner, will be important to forward information from ED visit to that medical provider
- If patient doesn't have a primary care practitioner, who will field calls if patient has questions